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CONFIRMATION NO. 2531

Bib Data Sheet

SERIAL NUMBER 09/669,833	FILING OR 371(c) DATE 09/26/2000 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. MSU 4.1-528
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** CONTINUING DATA *****

This application is a DIV of 09/513,086 02/24/2000 which claims benefit of 60/152,193 09/02/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 11/20/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

21036

TITLE

VACCINE TO CONTROL EQUINE PROTOZOAL MYELOENCEPHALITIS IN HORSES

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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